



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IFC

Applicants: Richard W. Citta, et al.

Serial No.: 10/650,179

For: **HOST ELIMINATING
EQUALIZER**

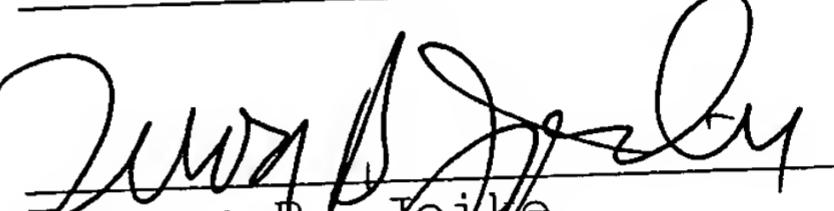
Filed: August 28, 2003

Group Art Unit: 2634

Examiner: K. Kim

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

February 17, 2005


Trevor B. Joike
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Attorney for Applicants

RESPONSE TO 11/18/04 OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTION

Claims 1-6, 9, 14-16, and 45-57 are now in the application. Claims 1-6, 9, 14-16, and 45-51 are rejected on the basis of double patenting. Claims 52-57 are new.

02/24/2005 MBERHE 00000048 260175 10650179
01 FC:1202 150.00 DA
02/24/2005 MBERHE 00000048 260175 10650179
02 FC:1814 130.00 DA

TELEPHONE (312) 258-5500



SCHIFF HARDIN LLP

PATENT DEPARTMENT
6600 SEARS TOWER
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In re application of: Richard W. Citta et al.

CONFIRMATION NO.: 5948

Serial No.: 10/650,179

GROUP ART UNIT: 2634

Filed: August 28, 2003

EXAMINER: K. Kim

For: GHOST ELIMINATING EQUALIZER

RESPONSE TO 11/18/04 OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	23	MINUS	20	3	() X 25.00 (X) X 50.00	\$150.00
INDEP. CLAIMS	2	MINUS	3	0	() X 100.00 () X 200.00	\$0.00
Application amended to contain any multiple dependent claims not previously paid for.			() YES () NO	() \$135.00 () \$270.00 ONE TIME		
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$150.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 26 0175. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ is attached.

A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

The Commissioner is hereby authorized to charge Account No. 26 0175 for \$150.00 (for 3 additional dependent claims), and any additional fees which may be required, or to credit any overpayment. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 28574)

Patent Department

BY

(25,542)

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Trevor B. Joike

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

February 17, 2005

DATE